

Indeed, it's important that we not let our actions be reduced to reactions.

Unless these programs make a difference, we will be wasting the taxpayer's money. And when terrorists strike again, we'll be standing here once more, asking ourselves what went wrong with the programs whose appropriations we are debating today.

I fear that the President's emergency request represents greatly increased spending without greatly increased thought.

Do we know that this \$1.1 billion will go toward effective measures? The President's proposal represents an increase in spending on antiterrorism measures of about 4,000 percent, from his earlier proposal of something under \$50 million. I am not yet convinced that this spending is anything more than an expensive way to make the public believe that the Government is doing something constructive.

I happen to think we have long since passed the day in this body when we can equate the expenditure of large amounts of public funds with results. It simply does not happen in too many respects.

There is a significant difference between doing things that look effective and doing things that are effective. For example, it may look good to expand wiretapping authority, but is it necessarily a positive way to deal with the problem? What kinds of terrorists are we fighting? Will wiretapping even be effective to combat what we are going to be facing in the future?

Would wiretapping have helped stop the Atlanta bombing? Would it have mattered in Oklahoma City?

And just as important as that question is considering the price we may pay in the infringement on our personal freedoms.

It is no small question to define what is a reasonable and acceptable infringement on our rights and privileges. Before we plunge into any cut back on our personal freedoms, we need to carefully consider what we are getting when we trade them away.

Obviously, the President's request has arrived so late that we can't give it the scrutiny and possible revision it seems to need. So we are moving ahead and appropriating the funds he has asked for, hoping that they will do some real good.

Mr. President, I submit that what we truly need is a thoughtful, coordinated, long-range plan about how to address the threat of terrorism. I fear that the administration's emergency request comes more out of reaction than it does from a careful examination of the problem.

Cobbling together afterthought reactions is not sufficient to address this matter. And \$1.1 billion is a great deal of money to spend with such little consideration.

I don't take the matter of terrorism lightly. Indeed, none of us can. Everyone observing the proceedings from inside this Chamber has already gone

through a metal detector to get in the Capitol, and then through another, stronger detector just be inside this room.

House and Senate staff members wear ID badges, and they pass by guards every day as they come in to work. We are all aware of the threat—it is a part of daily life.

Even so, extraordinary tragedy is always possible. I was in Atlanta this summer when the pipe bomb exploded at the Olympic games. It is profoundly disturbing to know that a determined individual can still penetrate even the most stringent security measures. So I appreciate the threat of terrorism and the need for swift action. At the same time, I submit that unless we carefully plan our tactics and strategy to counter this threat, we will have squandered our resources that could have made a real difference. Without planning, we will have nothing to show for our efforts.

The President's request comes in response to the Atlanta bombing and the downing of TWA Flight 800 off of Long Island. Has President Clinton merely scraped together whatever ideas were at hand in order to appear tough on terrorism? We need to move forward to combat terrorism from a position of leadership and not simply reaction. We should not simply expand the power of the Federal Government after every act of terrorism.

The proposal from 6 months ago for fiscal year 1997 was much different than the one we see now. It included a 40 percent cut in the Attorney General's counterterrorism fund. The new proposal calls for millions in security upgrades for Federal buildings. What are these upgrades? And, most important, will they make the people in those buildings any safer? And why were they not suggested in the original fiscal year 1997 proposal if they were needed?

It is difficult to turn down the President's request at this late date. I remind my colleagues that if in a year or two this \$1.1 billion appropriation turns out to be no more than a quick gesture to allay public fears, if these proposals are ultimately ineffective and hollow to the core, then we will be faced with the unpleasant fact that we spent \$1.1 billion for simply being safe, or feeling safe for a few days or a few weeks in order to be able to say that we just did something.

Mr. President, I yield the floor.

Mr. CONRAD addressed the Chair.

The PRESIDING OFFICER. The Senator from North Dakota.

The Senate is currently in a period of morning business. The Senator has the right to speak for 5 minutes.

Mr. CONRAD. I thank the Chair.

Mr. LOTT. Mr. President, will the distinguished Senator be kind enough to yield for a unanimous consent request that has been agreed to on both sides?

Mr. CONRAD. I will be pleased to.

Mr. LOTT. I thank the Senator for yielding. This is an issue we have been

working on for quite some time. We finally got it done. We would like to get it done before it becomes unglued.

Mr. CONRAD. I am happy to yield to the majority leader.

# NATIONAL INSTITUTES OF HEALTH REVITALIZATION ACT OF 1996

Mr. LOTT. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 583, S. 1897.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A bill (S. 1897) to amend the Public Health Service Act to revise and extend certain programs relating to the National Institutes of Health, and for other purposes.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the bill?

There being no objection, the Senate proceeded to consider the bill which has been reported from the Committee on Labor and Human Resources, with amendments; as follows:

(The parts of the bill intended to be stricken are shown in boldface brackets and the parts of the bill intended to be inserted are shown in *italic*.)

S. 1897

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

## SECTION 1. SHORT TITLE; REFERENCES; AND TABLE OF CONTENTS

(a) **SHORT TITLE.**—This Act may be cited as the “National Institutes of Health Revitalization Act of 1996”.

(b) **REFERENCES.**—Whenever in this Act an amendment is expressed in terms of an amendment to a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act (42 U.S.C. 201 et seq.).

(c) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; references; and table of contents.

## TITLE I—PROVISIONS RELATING TO THE NATIONAL INSTITUTES OF HEALTH

Sec. 101. Director's discretionary fund.

Sec. 102. Children's vaccine initiative.

## TITLE II—PROVISIONS RELATING TO THE NATIONAL RESEARCH INSTITUTES

Sec. 201. Research on osteoporosis, Paget's disease, and related bone disorders.

Sec. 202. National Human Genome Research Institute.

Sec. 203. Increased amount of grant and other awards.

Sec. 204. Meetings of advisory committees and councils.

Sec. 205. Elimination or modification of reports.

## TITLE III—SPECIFIC INSTITUTES AND CENTERS

### Subtitle A—National Cancer Institute

Sec. 301. Authorization of appropriations.

Sec. 302. DES study.

### Subtitle B—National Heart Lung and Blood Institute

Sec. 311. Authorization of appropriations.

### Subtitle C—National Institute of Allergy and Infectious Diseases

Sec. 321. Research and research training regarding tuberculosis.

Sec. 322. Terry Beirn community-based aids research initiative.

Subtitle D—National Institute of Child Health and Human Development

Sec. 331. Research centers for contraception and infertility.

Subtitle E—National Institute on Aging

Sec. 341. Authorization of appropriations.

Subtitle F—National Institute on Alcohol Abuse and Alcoholism

Sec. 351. Authorization of appropriations.

Sec. 352. National alcohol research center.

Subtitle G—National Institute on Drug Abuse

Sec. 361. Authorization of appropriations.

Sec. 362. Medication development program.

Sec. 363. Drug abuse research centers.

Subtitle H—National Institute of Mental Health

Sec. 371. Authorization of appropriations.

Subtitle I—National Center for Research Resources

Sec. 381. Authorization of appropriations.

Sec. 382. General clinical research centers.

Sec. 383. Enhancement awards.

Sec. 384. Waiver of limitations.

Subtitle J—National Library of Medicine

Sec. 391. Authorization of appropriations.

Sec. 392. Increasing the cap on grant amounts.

#### TITLE IV—AWARDS AND TRAINING

Sec. 401. Medical scientist training program.

Sec. 402. Raise in maximum level of loan repayments.

Sec. 403. General loan repayment program.

Sec. 404. Clinical research assistance.

#### TITLE V—RESEARCH WITH RESPECT TO AIDS

Sec. 501. Comprehensive plan for expenditure of AIDS appropriations.

Sec. 502. Emergency AIDS discretionary fund.

#### TITLE VI—GENERAL PROVISIONS

Subtitle A—Authority of the Director of NIH

Sec. 601. Authority of the director of NIH.

Subtitle B—Office of Rare Disease Research

Sec. 611. Establishment of office for rare disease research.

Subtitle C—Certain Reauthorizations

Sec. 621. National research service awards.

Sec. 622. National Foundation for Biomedical Research.

Subtitle D—Miscellaneous Provisions

Sec. 631. Establishment of national fund for health research.

Sec. 632. Definition of clinical research.

Sec. 633. Senior Biomedical Research Service.

Sec. 634. Establishment of a pediatric research initiative.

Sec. 635. Diabetes research.

Sec. 636. Parkinson's research.

Subtitle E—Repeals and Conforming Amendments

Sec. 641. Repeals and conforming amendments.

#### TITLE I—PROVISIONS RELATING TO THE NATIONAL INSTITUTES OF HEALTH

##### SEC. 101. DIRECTOR'S DISCRETIONARY FUND.

Section 402(i)(3) (42 U.S.C. 282(i)(3)) is amended by striking "\$25,000,000" and all that follows through the period and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999."

##### SEC. 102. CHILDREN'S VACCINE INITIATIVE.

Section 404B(c) (42 U.S.C. 283d(c)) is amended by striking "\$20,000,000" and all that follows through the period and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999."

#### TITLE II—PROVISIONS RELATING TO THE NATIONAL RESEARCH INSTITUTES

##### SEC. 201. RESEARCH ON OSTEOPOROSIS, PAGET'S DISEASE, AND RELATED BONE DISORDERS.

Section 409A(d) (42 U.S.C. 284e(d)) is amended by striking "\$40,000,000" and all that follows through the period and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999."

##### SEC. 202. NATIONAL HUMAN GENOME RESEARCH INSTITUTE.

(a) IN GENERAL.—Part C of title IV (42 U.S.C. 285 et seq.) is amended by adding at the end thereof the following new subpart:

"Subpart 18—National Human Genome Research Institute

##### "SEC. 464Z. PURPOSE OF THE INSTITUTE.

"(a) IN GENERAL.—The general purpose of the National Human Genome Research Institute is to characterize the structure and function of the human genome, including the mapping and sequencing of individual genes. Such purpose includes—

"(1) planning and coordinating the research goal of the genome project;

"(2) reviewing and funding research proposals;

"(3) conducting and supporting research training;

"(4) coordinating international genome research;

"(5) communicating advances in genome science to the public;

"(6) reviewing and funding proposals to address the ethical, legal, and social issues associated with the genome project (including legal issues regarding patents); and

"(7) planning and administering intramural, collaborative, and field research to study human genetic disease.

"(b) RESEARCH.—The Director of the Institute may conduct and support research training—

"(1) for which fellowship support is not provided under section 487; and

"(2) that is not residency training of physicians or other health professionals.

"(c) ETHICAL, LEGAL, AND SOCIAL ISSUES.—

"(1) IN GENERAL.—Except as provided in paragraph (2), of the amounts appropriated to carry out subsection (a) for a fiscal year, the Director of the Institute shall make available not less than 5 percent of amounts made available for extramural research for carrying out paragraph (6) of such subsection.

"(2) NONAPPLICATION.—With respect to providing funds under subsection (a)(6) for proposals to address the ethical issues associated with the genome project, paragraph (1) shall not apply for a fiscal year if the Director of the Institute certifies to the Committee on Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, that the Director has determined that an insufficient number of such proposals meet the applicable requirements of sections 491 and 492.

"(d) TRANSFER.—

"(1) IN GENERAL.—There are transferred to the National Human Genome Research Institute all functions which the National Center for Human Genome Research exercised before the date of enactment of this subpart, including all related functions of any officer or employee of the National Center for Human Genome Research. The personnel employed in connection with, and the assets, liabilities, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds employed, used, held, arising from, available to, or to be made available in connection with the functions transferred under this subsection shall be transferred to the National Human Genome Research Institute.

"(2) LEGAL DOCUMENTS.—All orders, determinations, rules, regulations, permits, agreements, grants, contracts, certificates, licenses, regulations, privileges, and other administrative actions which have been issued, made, granted, or allowed to become effective in the performance of functions which are transferred under this subsection shall continue in effect according to their terms until modified, terminated, superseded, set aside, or revoked in accordance with law.

"(3) REFERENCES.—References in any other Federal law, Executive order, rule, regulation, or delegation of authority, or any document of or relating to the National Center for Human Genome Research shall be deemed to refer to the National Human Genome Research Institute.

"(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 1997 through 1999."

(b) CONFORMING AMENDMENTS.—

(1) Section 401(b) (42 U.S.C. 281(b)) is amended—

(A) in paragraph (1), by adding at the end thereof the following new subparagraph:

"(R) The National Human Genome Research Institute."; and

(B) in paragraph (2)—

(i) by striking subparagraph (D); and

(ii) by redesignating subparagraph (E) as subparagraph (D).

(2) Subpart 3 of part E of title IV (42 U.S.C. 287c et seq.) is repealed.

##### SEC. 203. INCREASED AMOUNT OF GRANT AND OTHER AWARDS.

Section 405(b)(2)(B) (42 U.S.C. 284(b)(2)(B)) is amended—

(1) in clause (i), by striking "\$50,000" and inserting "\$100,000"; and

(2) in clause (ii), by striking "\$50,000" and inserting "\$100,000".

##### SEC. 204. MEETINGS OF ADVISORY COMMITTEES AND COUNCILS.

(a) IN GENERAL.—Section 406 (42 U.S.C. 284a) is amended—

(1) in subsection (e), by striking ", but at least three times each fiscal year"; and

(2) in subsection (h)(2)—

(A) in subparagraph (A)—

(i) in clause (iv), by adding "and" after the semicolon;

(ii) in clause (v), by striking "; and" and inserting a period; and

(iii) by striking clause (vi); and

(B) in subparagraph (B), by striking ", except" and all that follows through "year".

(b) PRESIDENT'S CANCER PANEL.—Section 415(a)(3) (42 U.S.C. 285a-4(a)(3)) is amended by striking ", but not less often than four times a year".

(c) INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES INTERAGENCY COORDINATING COMMITTEES.—Section 429(b) (42 U.S.C. 285c-3(b)) is amended by striking ", but not less often than four times a year".

(d) INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES INTERAGENCY COORDINATING COMMITTEES.—Section 439(b) (42 U.S.C. 285d-4(b)) is amended by striking ", but not less often than four times a year".

(e) INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS INTERAGENCY COORDINATING COMMITTEES.—Section 464E(d) (42 U.S.C. 285m-5(d)) is amended by striking ", but not less often than four times a year".

(f) INSTITUTE OF NURSING RESEARCH ADVISORY COUNCIL.—Section 464X(e) (42 U.S.C. 285q-2(e)) is amended by striking ", but at least three times each fiscal year".

(g) CENTER FOR RESEARCH RESOURCES ADVISORY COUNCIL.—Section 480(e) (42 U.S.C. 287a(e)) is amended by striking ", but at least three times each fiscal year".

(h) APPLICATION OF FACA.—Part B of title IV (42 U.S.C. 284 et seq.) is amended by adding at the end thereof the following new section:

**"SEC. 409B. APPLICATION OF FEDERAL ADVISORY COMMITTEE ACT.**

"Notwithstanding any other provision of law, the provisions of the Federal Advisory Committee Act (5 U.S.C. Ap. 2) shall not apply to a scientific or technical peer review group, established under this title."

**SEC. 205. ELIMINATION OR MODIFICATION OF REPORTS.**

(a) PUBLIC HEALTH SERVICE ACT REPORTS.—The following provisions of the Public Health Service Act are repealed:

(1) Section 403 (42 U.S.C. 283) relating to the biennial report of the Director of the National Institutes of Health to Congress and the President.

(2) Subsection (c) of section 439 (42 U.S.C. 285d-4(c)) relating to the annual report of the Arthritis and Musculoskeletal Diseases Interagency Coordinating Committee and the annual report of the Skin Diseases Interagency Coordinating Committee.

(3) Subsection (j) of section 442 (42 U.S.C. 285d-7(j)) relating to the annual report of the National Arthritis and Musculoskeletal and Skin Diseases Advisory Board.

(4) Subsection (b) of section 494A (42 U.S.C. 289c-1(b)) relating to the annual report of the Secretary of Health and Human Services on health services research relating to alcohol abuse and alcoholism, drug abuse, and mental health.

(5) Subsection (b) of section 503 (42 U.S.C. 290aa-2(b)) relating to the triennial report of the Secretary of Health and Human Services to Congress.

(b) REPORT ON DISEASE PREVENTION.—Section 402(f)(3) (42 U.S.C. 282(f)(3)) is amended by striking "annually" and inserting "biennially".

(c) REPORTS OF THE COORDINATING COMMITTEES ON DIGESTIVE DISEASES, DIABETES MELLITUS, AND KIDNEY, UROLOGIC AND HEMATOLOGIC DISEASES.—Section 429 (42 U.S.C. 285c-3) is amended by striking subsection (c).

(d) REPORT OF THE TASK FORCE ON AGING RESEARCH.—Section 304 of the Home Health Care and Alzheimer's Disease Amendments of 1990 (42 U.S.C. 242q-3) is repealed.

(e) SUDDEN INFANT DEATH SYNDROME RESEARCH.—Section 1122 (42 U.S.C. 300c-12) is amended—

(1) in subsection (a)—

(A) by striking the subsection designation and heading; and

(B) by striking "of the type" and all that follows through "adequate," and insert ", such amounts each year as will be adequate for research which relates generally to sudden infant death syndrome, including high-risk pregnancy and high-risk infancy research which directly relates to sudden infant death syndrome, and to the relationship of the high-risk pregnancy and high-risk infancy research to sudden infant death syndrome,"; and

(2) by striking subsections (b) and (c).

(f) U.S.-JAPAN COOPERATIVE MEDICAL SCIENCE PROGRAM.—Subsection (h) of section 5 of the International Health Research Act of 1960 is repealed.

(g) BIOENGINEERING RESEARCH.—*Not later than 6 months after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Commerce of the House of Representatives, a report containing specific plans and timeframes on how the Director will implement the findings and recommendations of the report to Congress entitled "Support for Bioengineering Research"*

(submitted in August of 1995 in accordance with section 1912 of the National Institutes of Health Revitalization Act of 1993 (42 U.S.C. 282 note)).

[g] (h) CONFORMING AMENDMENTS.—Title IV is amended—

(1) in section 404C(c) (42 U.S.C. 283e(c)), by striking "included" and all that follows through the period and inserting "made available to the committee established under subsection (e) and included in the official minutes of the committee";

(2) in section 404E(d)(3)(B) (42 U.S.C. 283g(d)(3)(B)), by striking "for inclusion in the biennial report under section 403";

(3) in section 406(g) (42 U.S.C. 284a(g))—

(A) by striking "for inclusion in the biennial report made under section 407" and inserting "as it may determine appropriate"; and

(B) by striking the second sentence;

(4) in section 407 (42 U.S.C. 284b)—

(A) in the section heading, to read as follows:

"REPORTS"; and

(B) by striking "shall prepare for inclusion in the biennial report made under section 403 a biennial" and inserting "may prepare a";

(5) in section 416(b) (42 U.S.C. 285a-5(b)) by striking "407" and inserting "402(f)(3)";

(6) in section 417 (42 U.S.C. 285a-6), by striking subsection (e);

(7) in section 423(b) (42 U.S.C. 285b-6(b)), by striking "407" and inserting "402(f)(3)";

(8) by striking section 433 (42 U.S.C. 285c-7);

(9) in section 451(b) (42 U.S.C. 285g-3(b)), by striking "407" and inserting "402(f)(3)";

(10) in section 452(d) (42 U.S.C. 285g-4(d))—

(A) in paragraph (3)—

(i) in subparagraph (A), by striking "(A) Not" and inserting "Not"; and

(ii) by striking subparagraph (B); and

(B) in the last sentence of paragraph (4), by striking "contained" and all that follows through the period and inserting "transmitted to the Director of NIH.";

(11) in section 464I(b) (42 U.S.C. 285n-1(b)), by striking "407" and inserting "402(f)(3)";

(12) in section 464M(b) (42 U.S.C. 285o-1(b)), by striking "407" and inserting "402(f)(3)";

(13) in section 464S(b) (42 U.S.C. 285p-1(b)), by striking "407" and inserting "402(f)(3)";

(14) in section 464X(g) (42 U.S.C. 285q-2(g)) is amended—

(A) by striking "for inclusion in the biennial report made under section 464Y" and inserting "as it may determine appropriate"; and

(B) by striking the second sentence;

(15) in section 464Y (42 U.S.C. 285q-3)—

(A) in the section heading, to read as follows:

"REPORTS"; and

(B) by striking "shall prepare for inclusion in the biennial report made under section 403 a biennial" and inserting "may prepare a";

(16) in section 480(g) (42 U.S.C. 287a(g))—

(A) by striking "for inclusion in the biennial report made under section 481" and inserting "as it may determine appropriate"; and

(B) by striking the second sentence;

(17) in section 481 (42 U.S.C. 287a-1)—

(A) in the section heading, to read as follows:

"REPORTS"; and

(B) by striking "shall prepare for inclusion in the biennial report made under section 403 a biennial" and inserting "may prepare a";

(18) in section 486(d)(5)(B) (42 U.S.C. 287d(d)(5)(B)), by striking "for inclusion in the report required in section 403";

(19) in section 486B (42 U.S.C. 287d-2) by striking subsection (b) and inserting the following new subsection:

"(b) SUBMISSION.—The Director of the Office shall submit each report prepared under subsection (a) to the Director of NIH."; and

(20) in section 492B(f) (42 U.S.C. 289a-2(f)), by striking "for inclusion" and all that follows through the period and inserting "and the Director of NIH."

**TITLE III—SPECIFIC INSTITUTES AND CENTERS**

**Subtitle A—National Cancer Institute**

**SEC. 301. AUTHORIZATION OF APPROPRIATIONS.**

Section 417B (42 U.S.C. 286a-8) is amended—

(1) in subsection (a), by striking "\$2,728,000,000" and all that follows through the period and inserting "\$3,000,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.";

(2) in subsection (b)—

(A) in paragraph (1)—

(i) in the first sentence of subparagraph (A), by striking "\$225,000,000" and all that follows through the first period and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999."; and

(ii) in the first sentence of subparagraph (B), by striking "\$100,000,000" and all that follows through the first period and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999."; and

(B) in the first sentence of paragraph (2), by striking "\$75,000,000" and all that follows through the first period and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999."; and

(3) in the first sentence of subsection (c), by striking "\$72,000,000" and all that follows through the first period and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999."

**SEC. 302. DES STUDY.**

Section 403A(e) (42 U.S.C. 283a(e)) is amended by striking "1996" and inserting "1999".

**Subtitle B—National Heart Lung and Blood Institute**

**SEC. 311. AUTHORIZATION OF APPROPRIATIONS.**

Section 425 (42 U.S.C. 285b-8) is amended by striking "\$1,500,000,000" and all that follows through the period and inserting "\$1,600,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999."

**Subtitle C—National Institute of Allergy and Infectious Diseases**

**SEC. 321. RESEARCH AND RESEARCH TRAINING REGARDING TUBERCULOSIS.**

Subpart 6 of part C of title IV is amended in the first section 447(b) (42 U.S.C. 285f-2(b)) by striking "\$50,000,000" and all that follows through the first period 1998" and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999."

**SEC. 322. TERRY BEIRN COMMUNITY-BASED AIDS RESEARCH INITIATIVE.**

Section 2313(e) (42 U.S.C. 300cc-13(e)) is amended—

(1) in paragraph (1), by striking "1996" and inserting "1999"; and

(2) in paragraph (2), by striking "1996" and inserting "1999".

**Subtitle D—National Institute of Child Health and Human Development**

**SEC. 331. RESEARCH CENTERS FOR CONTRACEPTION AND INFERTILITY.**

Section 452A(g) (42 U.S.C. 285g-5(g)) is amended by striking "\$30,000,000" and all that follows through the period and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999."

**Subtitle E—National Institute on Aging**

**SEC. 341. AUTHORIZATION OF APPROPRIATIONS.**

Section 4451 (42 U.S.C. 285e-11) is amended by striking "\$500,000,000" and all that follows through the period and inserting "\$550,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999."

### Subtitle F—National Institute on Alcohol Abuse and Alcoholism

#### SEC. 351. AUTHORIZATION OF APPROPRIATIONS.

Section 464H(d)(1) (42 U.S.C. 285n(d)(1)) is amended by striking “\$300,000,000” and all that follows through the period and inserting “\$330,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.”.

#### SEC. 352. NATIONAL ALCOHOL RESEARCH CENTER.

Section 464J(b) (42 U.S.C. 285n-2(b)) is amended—

(1) by striking “(b) The” and inserting “(b)(1) The”;

(2) by striking the third sentence; and

(3) by adding at the end thereof the following new paragraph:

“(2) As used in paragraph (1), the terms ‘construction’ and ‘cost of construction’ include—

“(A) the construction of new buildings, the expansion of existing buildings, and the acquisition, remodeling, replacement, renovation, major repair (to the extent permitted by regulations), or alteration of existing buildings, including architects’ fees, but not including the cost of the acquisition of land or offsite improvements; and

“(B) the initial equipping of new buildings and of the expanded, remodeled, repaired, renovated, or altered part of existing buildings; except that

such term shall not include the construction or cost of construction of so much of any facility as is used or is to be used for sectarian instruction or as a place for religious worship.”.

### Subtitle G—National Institute on Drug Abuse

#### SEC. 361. AUTHORIZATION OF APPROPRIATIONS.

Section 464L(d)(1) (42 U.S.C. 285o(d)(1)) is amended by striking “\$440,000,000” and all that follows through the period and inserting “\$480,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.”.

#### SEC. 362. MEDICATION DEVELOPMENT PROGRAM.

Section 464P(e) (42 U.S.C. 285o-4(e)) is amended by striking “\$85,000,000” and all that follows through the period and inserting “such sums as may be necessary for each of the fiscal years 1997 through 1999”.

#### SEC. 363. DRUG ABUSE RESEARCH CENTERS.

Section 464N(b) (42 U.S.C. 285o-2(b)) is amended—

(1) by striking “(b) The” and inserting “(b)(1) The”;

(2) by striking the last sentence; and

(3) by adding at the end thereof the following new paragraph:

“(2) As used in paragraph (1), the terms ‘construction’ and ‘cost of construction’ include—

“(A) the construction of new buildings, the expansion of existing buildings, and the acquisition, remodeling, replacement, renovation, major repair (to the extent permitted by regulations), or alteration of existing buildings, including architects’ fees, but not including the cost of the acquisition of land or offsite improvements; and

“(B) the initial equipping of new buildings and of the expanded, remodeled, repaired, renovated, or altered part of existing buildings; except that

such term does not include the construction or cost of construction of so much of any facility as is used or is to be used for sectarian instruction or as a place for religious worship.”.

### Subtitle H—National Institute of Mental Health

#### SEC. 371. AUTHORIZATION OF APPROPRIATIONS.

Section 464R(f)(1) (42 U.S.C. 285p(f)(1)) is amended by striking “\$675,000,000” and all

that follows through the period and inserting “\$750,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.”.

### Subtitle I—National Center for Research Resources

#### SEC. 381. AUTHORIZATION OF APPROPRIATIONS.

(a) GENERAL AUTHORIZATION.—Section 481A(h) (42 U.S.C. 287a-2(h)) is amended by striking “\$150,000,000” and all that follows through the period and inserting “such sums as may be necessary for each of the fiscal years 1997 through 1999.”.

(b) RESERVATION FOR CONSTRUCTION OF REGIONAL CENTERS.—Section 481B(a) (42 U.S.C. 287a-3(a)) is amended—

(1) by striking “shall” and inserting “may”;

(2) by striking “1994 through 1996” and inserting “1997 through 1999”; and

(3) by striking “\$5,000,000” and inserting “such sums as may be necessary for each such fiscal year”.

#### SEC. 382. GENERAL CLINICAL RESEARCH CENTERS.

Part B of title IV (42 U.S.C. 284 et seq.), as amended by section 205(h), is further amended by adding at the end thereof the following new section:

#### “SEC. 409C. GENERAL CLINICAL RESEARCH CENTERS.

“(a) GRANTS.—The Director of the National Center for Research Resources shall award grants for the establishment of general clinical research centers to provide the infrastructure for clinical research including clinical research training and career enhancement. Such centers shall support clinical studies and career development in all settings of the hospital or academic medical center involved.

“(b) ACTIVITIES.—In carrying out subsection (a), the Director of NIH shall expand the activities of the general clinical research centers through the increased use of telecommunications and telemedicine initiatives.

“(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to make grants under subsection (a), such sums as may be necessary for each of the fiscal years 1996 and 1999.”.

#### SEC. 383. ENHANCEMENT AWARDS.

Part B of title IV (42 U.S.C. 284 et seq.), as amended by sections 205(h) and 382, is further amended by adding at the end thereof the following new section:

#### “SEC. 409D. ENHANCEMENT AWARDS.

“(a) CLINICAL RESEARCH CAREER ENHANCEMENT AWARD.—

“(1) IN GENERAL.—The Director of the National Center for Research Resources shall make grants (to be referred to as ‘clinical research career enhancement awards’) to support individual careers in clinical research.

“(2) APPLICATIONS.—An application for a grant under this subsection shall be submitted by an individual scientist at such time as the Director may require.

“(3) LIMITATIONS.—The amount of a grant under this subsection shall not exceed \$130,000 per year per grant. Grants shall be for terms of 5 years. The Director shall award not more than 20 grants in the first fiscal year in which grants are awarded under this subsection. The total number of grants awarded under this subsection for the first and second fiscal years in which grants such are awarded shall not exceed 40 grants.

“(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to make grants under paragraph (1), such sums as may be necessary for each of the fiscal years 1997 through 1999.

“(b) INNOVATIVE MEDICAL SCIENCE AWARD.—

“(1) IN GENERAL.—The Director of the National Center for Research Resources shall make grants (to be referred to as ‘innovative medical science awards’) to support individual clinical research projects.

“(2) APPLICATIONS.—An application for a grant under this subsection shall be submitted by an individual scientist at such time as the Director requires.

“(3) LIMITATIONS.—The amount of a grant under this subsection shall not exceed \$100,000 per year per grant.

“(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to make grants under paragraph (1), such sums as may be necessary for each of the fiscal years 1997 through 1999.

“(c) PEER REVIEW.—The Director of NIH, in cooperation with the Director of the National Center for Research Resources, shall establish peer review mechanisms to evaluate applications for clinical research fellowships, clinical research career enhancement awards, and innovative medical science award programs. Such review mechanisms shall include individuals who are exceptionally qualified to appraise the merits of potential clinical research trainees.”.

#### SEC. 384. WAIVER OF LIMITATIONS.

Section 481A (42 U.S.C. 287a-2) is amended—

(1) in subsection (b)(3)(A), by striking “9” and inserting “12”;

(2) in subsection (e)—

(A) in paragraph (1)—

(i) in subparagraph (A), by striking “50” and inserting “40”; and

(ii) in subparagraph (B), by striking “40” and inserting “30”; and

(B) in paragraph (4), by striking “for applicants meeting the conditions described in paragraphs (1) and (2) of subsection (c)” and (3) in subsection (h), by striking “\$150,000,000” and all that follows through “1996” and inserting “such sums as may be necessary for each of the fiscal years 1997 through 1999”.

### Subtitle J—National Library of Medicine

#### SEC. 391. AUTHORIZATION OF APPROPRIATIONS.

Section 468(a) (42 U.S.C. 286a-2(a)) is amended by striking “\$150,000,000” and all that follows through the period and inserting “\$160,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.”.

#### SEC. 392. INCREASING THE CAP ON GRANT AMOUNTS.

Section 474(b)(2) (42 U.S.C. 286b-5(b)(2)) is amended by striking “\$1,000,000” and inserting “\$1,250,000”.

### TITLE IV—AWARDS AND TRAINING

#### SEC. 401. MEDICAL SCIENTIST TRAINING PROGRAM.

(a) EXPANSION OF PROGRAM.—Notwithstanding any other provision of law, the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall expand the Medical Scientist Training Program to include fields that will contribute to training clinical investigators in the skills of performing patient-oriented clinical research.

(b) DESIGNATION OF SLOTS.—In carrying out subsection (a), the Director of the National Institutes of Health shall designate a specific percentage of positions under the Medical Scientist Training Program for use with respect to the pursuit of a Ph.D. degree in the disciplines of economics, epidemiology, public health, bioengineering, biostatistics and bioethics, and other fields determined appropriate by the Director.

#### SEC. 402. RAISE IN MAXIMUM LEVEL OF LOAN REPAYMENTS.

(a) REPAYMENT PROGRAMS WITH RESPECT TO AIDS.—Section 487A (42 U.S.C. 288-1) is amended—

(1) in subsection (a), by striking "\$20,000" and inserting "\$35,000"; and

(2) in subsection (c), by striking "1996" and inserting "1999".

(b) REPAYMENT PROGRAMS WITH RESPECT TO CONTRACEPTION AND INFERTILITY.—Section 487B(a) (42 U.S.C. 288-2(a)) is amended by striking "\$20,000" and inserting "\$35,000".

(c) REPAYMENT PROGRAMS WITH RESPECT TO RESEARCH GENERALLY.—Section 487C(a)(1) (42 U.S.C. 288-3(a)(1)) is amended by striking "\$20,000" and inserting "\$35,000".

(d) REPAYMENT PROGRAMS WITH RESPECT TO CLINICAL RESEARCHERS FROM DISADVANTAGED BACKGROUNDS.—Section 487E(a) (42 U.S.C. 288-5(a)) is amended—

(1) in paragraph (1), by striking "\$20,000" and inserting "\$35,000"; and

(2) in paragraph (3), by striking "338C" and inserting "338B, 338C".

#### SEC. 403. GENERAL LOAN REPAYMENT PROGRAM.

Part G of title IV (42 U.S.C. 288 et seq.) is amended by inserting after section 487E, the following new section:

##### "SEC. 487F. GENERAL LOAN REPAYMENT PROGRAM.

"(a) ESTABLISHMENT.—

"(1) IN GENERAL.—The Secretary, acting through the Director of NIH, shall carry out a program of entering into agreements with appropriately qualified health professionals under which such health professionals agree to conduct research with respect to the areas identified under paragraph (2) in consideration of the Federal Government agreeing to repay, for each year of such service, not more than \$35,000 of the principal and interest of the educational loans of such health professionals.

"(2) RESEARCH AREAS.—In carrying out the program under paragraph (1), the Director of NIH shall annually identify areas of research for which loan repayments made be awarded under paragraph (1).

"(3) TERM OF AGREEMENT.—A loan repayment agreement under paragraph (1) shall be for a minimum of two years.

"(b) APPLICABILITY OF CERTAIN PROVISIONS.—With respect to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III, the provisions of such subpart shall, except as inconsistent with subsection (a) of this section, apply to the program established in such subsection (a) in the same manner and to the same extent as such provisions apply to the National Health Service Corps Loan Repayment Program established in such subpart.

"(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1997 through 1999."

#### SEC. 404. CLINICAL RESEARCH ASSISTANCE.

(a) NATIONAL RESEARCH SERVICE ASSISTANCE.—Section 487(a)(1)(C) (42 U.S.C. 288(a)(1)(C)) is amended—

(1) by striking "50 such" and inserting "100 such"; and

(2) by striking "1996" and inserting "1999".

(b) LOAN REPAYMENT PROGRAM.—Section 487E (42 U.S.C. 288-5) is amended—

(1) in the section heading, by striking "FROM DISADVANTAGED BACKGROUNDS";

(2) in subsection (a)(1), by striking "who are from disadvantaged backgrounds";

(3) in subsection (b)—

(A) by striking "Amounts" and inserting the following:

"(1) IN GENERAL.—Amounts"; and

(B) by adding at the end thereof the following new paragraph:

"(2) DISADVANTAGED BACKGROUNDS SET-ASIDE.—In carrying out this section, the Secretary shall ensure that not less than 50 percent of the amounts appropriated for a fiscal

year are used for contracts involving those appropriately qualified health professionals who are from disadvantaged backgrounds."; and

(4) by adding at the end thereof the following new subsections:

"(c) CLINICAL RESEARCH TRAINING POSITION.—A position shall be considered a clinical research training position under subsection (a)(1) if such position involves an individual serving in a general clinical research center or other organizations and institutions determined to be appropriate by the Director of NIH, or a physician receiving a clinical research career enhancement award or NIH intramural research fellowship.

"(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each fiscal year."

#### TITLE V—RESEARCH WITH RESPECT TO AIDS

##### SEC. 501. COMPREHENSIVE PLAN FOR EXPENDITURE OF AIDS APPROPRIATIONS.

Section 2353(d)(1) (42 U.S.C. 300cc-40b(d)(1)) is amended by striking "through 1996" and inserting "through 1999".

##### SEC. 502. EMERGENCY AIDS DISCRETIONARY FUND.

Section 2356(g)(1) (42 U.S.C. 300cc-43(g)(1)) is amended by striking "\$100,000,000" and all that follows through the period and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999".

#### TITLE VI—GENERAL PROVISIONS

##### Subtitle A—Authority of the Director of NIH

##### SEC. 601. AUTHORITY OF THE DIRECTOR OF NIH.

Section 402(b) (42 U.S.C. 282(b)) is amended—

(1) in paragraph (11), by striking "and" at the end thereof;

(2) in paragraph (12), by striking the period and inserting a semicolon; and

(3) by adding after paragraph (12), the following new paragraphs:

"(13) may conduct and support research training—

"(A) for which fellowship support is not provided under section 487; and

"(B) which does not consist of residency training of physicians or other health professionals; and

"(14) may appoint physicians, dentists, and other health care professionals, subject to the provisions of title 5, United States Code, relating to appointments and classifications in the competitive service, and may compensate such professionals subject to the provisions of chapter 74 of title 38, United States Code."

##### Subtitle B—Office of Rare Disease Research

##### SEC. 611. ESTABLISHMENT OF OFFICE FOR RARE DISEASE RESEARCH.

Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by adding at the end thereof the following new section:

##### "SEC. 404F. OFFICE FOR RARE DISEASE RESEARCH.

"(a) ESTABLISHMENT.—There is established within the Office of the Director of the National Institutes of Health an office to be known as the Office for Rare Disease Research (in this section referred to as the 'Office'). The Office shall be headed by a director, who shall be appointed by the Director of the National Institutes of Health.

"(b) PURPOSE.—The purpose of the Office is to promote and coordinate the conduct of research on rare diseases through a strategic research plan and to establish and manage a rare disease research clinical database.

"(c) ADVISORY COUNCIL.—The Secretary shall establish an advisory council for the purpose of providing advice to the director of

the Office concerning carrying out the strategic research plan and other duties under this section. Section 222 shall apply to such council to the same extent and in the same manner as such section applies to committees or councils established under such section.

"(d) DUTIES.—In carrying out subsection (b), the director of the Office shall—

"(1) develop a comprehensive plan for the conduct and support of research on rare diseases;

"(2) coordinate and disseminate information among the institutes and the public on rare diseases;

"(3) support research training and encourage the participation of a diversity of individuals in the conduct of rare disease research;

"(4) identify projects or research on rare diseases that should be conducted or supported by the National Institutes of Health;

"(5) develop and maintain a central database on current government sponsored clinical research projects for rare diseases;

"(6) determine the need for registries of research subjects and epidemiological studies of rare disease populations; and

"(7) prepare biennial reports on the activities carried out or to be carried out by the Office and submit such reports to the Secretary and the Congress."

##### Subtitle C—Certain Reauthorizations

##### SEC. 621. NATIONAL RESEARCH SERVICE AWARDS.

Section 487(d) (42 U.S.C. 288(d)) is amended by striking "\$400,000,000" and all that follows through the first period and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999."

##### SEC. 622. NATIONAL FOUNDATION FOR BIOMEDICAL RESEARCH.

Section 499(m)(1) (42 U.S.C. 290b(m)(1)) is amended by striking "an aggregate" and all that follows through the period and inserting "such sums as may be necessary for each of the fiscal years 1997 through 1999."

##### Subtitle D—Miscellaneous Provisions

##### SEC. 631. ESTABLISHMENT OF NATIONAL FUND FOR HEALTH RESEARCH.

Part A of title IV (42 U.S.C. 281 et seq.), as amended by section 611, is further amended by adding at the end thereof the following new section:

##### "SEC. 404G. ESTABLISHMENT OF NATIONAL FUND FOR HEALTH RESEARCH.

"(a) ESTABLISHMENT.—There is established in the Treasury of the United States a fund, to be known as the 'National Fund for Health Research' (hereafter in this section referred to as the 'Fund'), consisting of such amounts as are transferred to the Fund and any interest earned on investment of amounts in the Fund.

"(b) OBLIGATIONS FROM FUND.—

"(1) IN GENERAL.—Subject to the provisions of paragraph (2), with respect to the amounts made available in the Fund in a fiscal year, the Secretary shall distribute all of such amounts during any fiscal year to research institutes and centers of the National Institutes of Health in the same proportion to the total amount received under this section, as the amount of annual appropriations under appropriations Acts for each member institute and centers for the fiscal year bears to the total amount of appropriations under appropriations Acts for all research institutes and centers of the National Institutes of Health for the fiscal year.

"(2) TRIGGER AND RELEASE OF MONIES.—No expenditure shall be made under paragraph (1) during any fiscal year in which the annual amount appropriated for the National Institutes of Health is less than the amount so appropriated for the prior fiscal year."

**SEC. 632. DEFINITION OF CLINICAL RESEARCH.**

Part A of title [V] IV (42 U.S.C. 281 et seq.) as amended by sections 611 and 631, is further amended by adding at the end thereof the following new section:

**"SEC. 404H. DEFINITION OF CLINICAL RESEARCH.**

"As used in this title, the term 'clinical research' means patient oriented clinical research conducted with human subjects, or research on the causes and consequences of disease in human populations, or on material of human origin (such as tissue specimens and cognitive phenomena) for which an investigator or colleague directly interacts with human subjects in an outpatient or inpatient setting to clarify a problem in human physiology, pathophysiology, or disease, epidemiologic or behavioral studies, outcomes research, or health services research."

**SEC. 633. SENIOR BIOMEDICAL RESEARCH SERVICE.**

Section 228 (42 U.S.C. 237) is amended by adding at the end thereof the following new subsection:

"(h) Notwithstanding any other provision of law, the Secretary shall be treated as a non-profit entity for the purposes of making contributions to the retirement systems of appointees under this section in a manner that will permit such appointees to continue to be fully covered under the retirement systems that such appointees were members of immediately prior to their appointment under this section."

**SEC. 634. ESTABLISHMENT OF A PEDIATRIC RESEARCH INITIATIVE.**

Part A of title IV (42 U.S.C. 281 et seq.), as amended by sections 611, 631, and 632, is further amended by adding at the end the following new section:

**"SEC. 404I. PEDIATRIC RESEARCH INITIATIVE**

"(a) **ESTABLISHMENT.**—The Secretary shall establish within the Office of the Director of NIH a Pediatric Research Initiative (hereafter in this section referred to as the 'Initiative'). The Initiative shall be headed by the Director of NIH.

"(b) **PURPOSE.**—The purpose of the Initiative is to provide funds to enable the Director of NIH to encourage—

"(1) increased support for pediatric biomedical research within the National Institutes of Health to ensure that the expanding opportunities for advancement in scientific investigations and care for children are realized;

"(2) enhanced collaborative efforts among the Institutes to support multidisciplinary research in the areas that the Director deems most promising;

"(3) increased support for pediatric outcomes and medical effectiveness research to demonstrate how to improve the quality of children's health care while reducing cost;

"(4) the development of adequate pediatric clinical trials and pediatric use information to promote the safer and more effective use of prescription drugs in the pediatric population; and

"(5) recognition of the special attention pediatric research deserves.

"(c) **DUTIES.**—In carrying out subsection (b), the Director of NIH shall—

"(1) consult with the Institutes and other advisors as the Director determines appropriate when considering the role of the Institute for Child Health and Human Development;

"(2) have broad discretion in the allocation of any Initiative assistance among the Institutes, among types of grants, and between basic and clinical research so long as the—

"(A) assistance is directly related to the illnesses and diseases of children; and

"(B) assistance is extramural in nature; and

"(3) be responsible for the oversight of any newly appropriated Initiative funds and be accountable with respect to such funds to Congress and to the public.

"(d) **AUTHORIZATION.**—There is authorized to be appropriated to carry out this section, \$50,000,000 for fiscal years 1997 through 1999.

"(e) **TRANSFER OF FUNDS.**—The Director of NIH may transfer amounts appropriated to any of the Institutes for a fiscal year to the Initiative to carry out this section."

**SEC. 635. DIABETES RESEARCH.**

(a) **FINDINGS.**—The Congress finds as follows:

(1) Diabetes is a serious health problem in America.

(2) More than 16,000,000 Americans suffer from diabetes.

(3) Diabetes is the fourth leading cause of death in America, taking the lives of more than 169,000 people annually.

(4) Diabetes disproportionately affects minority populations, especially African-Americans, Hispanics, and Native Americans.

(5) Diabetes is the leading cause of new blindness in adults over age 30.

(6) Diabetes is the leading cause of kidney failure requiring dialysis or transplantation, affecting more than 56,000 Americans each year.

(7) Diabetes is the leading cause of nontraumatic amputations, affecting 54,000 Americans each year.

(8) The cost of treating diabetes and its complications are staggering for our Nation.

(9) Diabetes accounted for health expenditures of \$105,000,000,000 in 1992.

(10) Diabetes accounts for over 14 percent of our Nation's health care costs.

(11) Federal funds invested in diabetes research over the last two decades has led to significant advances and, according to leading scientists and endocrinologists, has brought the United States to the threshold of revolutionary discoveries which hold the potential to dramatically reduce the economic and social burden of this disease.

(12) The National Institute of Diabetes and Digestive and Kidney Diseases supports, in addition to many other areas of research, genetic research, islet cell transplantation research, and prevention and treatment clinical trials focusing on diabetes. Other research institutes within the National Institutes of Health conduct diabetes-related research focusing on its numerous complications, such as heart disease, eye and kidney problems, amputations, and diabetic neuropathy.

(b) **INCREASED FUNDING REGARDING DIABETES.**—With respect to the conduct and support of diabetes-related research by the National Institutes of Health, there are authorized to be appropriated for such purpose—

(1) for each of the fiscal years 1997 through 1999, an amount equal to the amount appropriated for such purpose for fiscal year 1996; and

(2) for the 3-fiscal year period beginning with fiscal year 1997, an additional amount equal to 25 percent of the amount appropriated for such purpose for fiscal year 1996.

**SEC. 636. PARKINSON'S RESEARCH.**

Part B of title IV (42 U.S.C. 284 et seq.), as amended by sections 204, 382 and 383, is further amended by adding at the end the following section:

**"PARKINSON'S DISEASE**

"SEC. 409E. (a) **IN GENERAL.**—The Director of NIH shall establish a program for the conduct and support of research and training with respect to Parkinson's disease.

"(b) **INTER-INSTITUTE COORDINATION.**—

"(1) **IN GENERAL.**—The Director of NIH shall provide for the coordination of the program established under subsection (a) among all of the national research institutes conducting Parkinson's research.

"(2) **CONFERENCE.**—Coordination under paragraph (1) shall include the convening of a research planning conference not less frequently than once every 2 years. Each such conference shall prepare and submit to the Committee on Appropriations and the Committee on Labor and Human Resources of the Senate and the Committee on Appropriations and the Committee on Commerce of the House of Representatives a report concerning the conference.

"(c) **MORRIS K. UDALL RESEARCH CENTERS.**—

"(1) **IN GENERAL.**—The Director of NIH shall award Core Center Grants to encourage the development of innovative multidisciplinary research and provide training concerning Parkinson's. The Director shall award not more than 10 Core Center Grants and designate each center funded under such grants as a Morris K. Udall Center for Research on Parkinson's Disease.

"(2) **REQUIREMENTS.**—

"(A) **IN GENERAL.**—With respect to Parkinson's, each center assisted under this subsection shall—

"(i) use the facilities of a single institution or a consortium of cooperating institutions, and meet such qualifications as may be prescribed by the Director of the NIH; and

"(ii) conduct basic and clinical research.

"(B) **DISCRETIONARY REQUIREMENTS.**—With respect to Parkinson's, each center assisted under this subsection may—

"(i) conduct training programs for scientists and health professionals;

"(ii) conduct programs to provide information and continuing education to health professionals;

"(iii) conduct programs for the dissemination of information to the public;

"(iv) develop and maintain, where appropriate, a brain bank to collect specimens related to the research and treatment of Parkinson's;

"(v) separately or in collaboration with other centers, establish a nationwide data system derived from patient populations with Parkinson's, and where possible, comparing relevant data involving general populations;

"(vi) separately or in collaboration with other centers, establish a Parkinson's Disease Information Clearinghouse to facilitate and enhance knowledge and understanding of Parkinson's disease; and

"(vii) separately or in collaboration with other centers, establish a national education program that fosters a national focus on Parkinson's and the care of those with Parkinson's.

"(3) **STIPENDS REGARDING TRAINING PROGRAMS.**—A center may use funds provided under paragraph (1) to provide stipends for scientists and health professionals enrolled in training programs under paragraph (2)(B).

"(4) **DURATION OF SUPPORT.**—Support of a center under this subsection may be for a period not exceeding five years. Such period may be extended by the Director of NIH for one or more additional periods of not more than five years if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

"(d) **MORRIS K. UDALL AWARDS FOR INNOVATION IN PARKINSON'S DISEASE RESEARCH.**—The Director of NIH shall establish a grant program to support innovative proposals leading to significant breakthroughs in Parkinson's research. Grants under this subsection shall be available to support outstanding neuroscientists and clinicians who bring innovative ideas to bear on the understanding of the pathogenesis, diagnosis and treatment of Parkinson's disease.

"(e) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated \$80,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999."

**Subtitle E—Repeals and Conforming Amendments****SEC. 641. REPEALS AND CONFORMING AMENDMENTS.**

(a) **RENAMING OF DIVISION OF RESEARCH RESOURCES.**—Section 403(5) (42 U.S.C. 283(5)) is amended by striking "Division of Research Resources" and inserting "National Center for Research Resources".

(b) **RENAMING OF NATIONAL CENTER FOR NURSING RESEARCH.**—



(1) Section 403(5) (42 U.S.C. 283(5)) is amended by striking "National Center for Nursing Research" and inserting "National Institute of Nursing Research".

(2) Section 408(a)(2) (42 U.S.C. 284c(a)(2)) is amended by striking "National Center for Nursing Research" and inserting "National Institute of Nursing Research".

(c) RENAMING OF CHIEF MEDICAL DIRECTOR FOR VETERANS AFFAIRS.—

(1) Section 406 (42 U.S.C. 284a) is amended—  
(A) in subsection (b)(2)(A), by striking "Chief Medical Director of the Department of Veterans Affairs or the Chief Dental Director of the Department of Veterans Affairs" and inserting "Under Secretary for Health of the Department of Veterans Affairs"; and

(B) in subsection (h)(2)(A)(v) by striking "Chief Medical Director of the Department of Veterans Affairs," and inserting "Under Secretary for Health of the Department of Veterans Affairs".

(2) Section 424(c)(3)(B)(x) (42 U.S.C. 285b-7(c)(3)(B)(x)) is amended by striking "Chief Medical Director of the Veterans' Administration" and inserting "Under Secretary for Health of the Department of Veterans Affairs".

(3) Section 429(b) (42 U.S.C. 285c-3(b)) is amended by striking "Chief Medical Director of the Veterans' Administration" and inserting "Under Secretary for Health of the Department of Veterans Affairs".

(4) Section 430(b)(2)(A)(i) (42 U.S.C. 285c-4(b)(2)(A)(i)) is amended by striking "Chief Medical Director of the Department of Veterans Affairs" and inserting "Under Secretary for Health of the Department of Veterans Affairs".

(5) Section 439(b) (42 U.S.C. 285d-4(b)) is amended by striking "Chief Medical Director of the Department of Veterans Affairs" and inserting "Under Secretary for Health of the Department of Veterans Affairs".

(6) Section 452(f)(3)(B)(ix)(xi) (42 U.S.C. 285g-4(f)(3)(B)(ix)(xi)) is amended by striking "Chief Medical Director of the Department of Veterans Affairs" and inserting "Under Secretary for Health of the Department of Veterans Affairs".

(7) Section 466(a)(1)(B) (42 U.S.C. 286a(a)(1)(B)) is amended by striking "Chief Medical Director of the Department of Veterans Affairs" and inserting "Under Secretary for Health of the Department of Veterans Affairs".

(8) Section 480(b)(2)(A) (42 U.S.C. 287a(b)(2)(A)) is amended by striking "Chief Medical Director of the Department of Veterans Affairs" and inserting "Under Secretary for Health of the Department of Veterans Affairs".

(b) ADVISORY COUNCILS.—Section 406(h) (42 U.S.C. 284a(h)) is amended—

(1) by striking paragraph (1); and

(2) in paragraph (2)—

(A) by striking "(2)(A) The" and inserting "(1) The";

(B) by redesignating subparagraph (B) as paragraph (2); and

(C) by redesignating clauses (i) through (vi) of paragraph (1) (as so redesignated) as subparagraphs (A) through (F), respectively.

(c) DIABETES AND DIGESTIVE AND KIDNEY DISORDERS ADVISORY BOARDS.—Section 430 (42 U.S.C. 285c-4) is repealed.

(d) NATIONAL ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES ADVISORY BOARD.—Section 442 (42 U.S.C. 285d-7) is repealed.

(e) RESEARCH CENTERS REGARDING CHRONIC FATIGUE SYNDROME.—Subpart 6 of part C of title IV (42 U.S.C. 285f et seq.) is amended by redesignating the second section 447 (42 U.S.C. 285f-1) as section 447A.

(f) NATIONAL INSTITUTE ON DEAFNESS ADVISORY BOARD.—Section 464D (42 U.S.C. 285m-4) is repealed.

(g) BIOMEDICAL AND BEHAVIORAL RESEARCH PERSONNEL STUDY.—Section 489 (42 U.S.C. 288b) is amended—

(1) by striking subsections (b); and

(2) by redesignating subsection (c) as subsection (b).

(h) NATIONAL COMMISSION ON ALCOHOLISM AND OTHER ALCOHOL-RELATED PROBLEMS.—Section 18 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1979 (42 U.S.C. 4541 note) is repealed.

(i) ADVISORY COUNCIL ON HAZARDOUS SUBSTANCES RESEARCH AND TRAINING.—Section 311(a) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (42 U.S.C. 9660(a)) is amended—

(1) by striking paragraph (5); and

(2) in the last sentence of paragraph (6), by striking "the relevant Federal agencies referred to in subparagraph (A) of paragraph (5)" and inserting "relevant Federal agencies".

Mr. LOTT. Mr. President, I ask unanimous consent that the committee amendments be agreed to en bloc.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendments were agreed to.

#### AMENDMENT NO. 5404

(Purpose: To provide for a substitute amendment)

Mr. LOTT. Senator KASSEBAUM has a substitute amendment at the desk. I ask for its consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Mississippi [Mr. LOTT], for Mrs. KASSEBAUM, proposes an amendment numbered 5404.

Mr. LOTT. I ask unanimous consent that the amendment be considered as read.

The PRESIDING OFFICER. Without objection, it is so ordered.

(The text of the amendment is printed in today's RECORD under "Amendments Submitted.")

Mrs. KASSEBAUM. Mr. President, I am extremely pleased that the Senate is considering the National Institutes of Health [NIH].

All Americans can take great pride in the exceptional contributions that the NIH has made. It has compiled an astonishing record of biomedical research advances which have transformed all of our lives. Vaccines against conditions which once crippled and killed are now routine, and drugs hailed as miracles at their inception are as well known as aspirin.

The NIH has spawned and nurtured a level of scientific creativity which truly seems to have no bounds. Past successes against seemingly insurmountable odds have inspired confidence and offered hope to those who have nowhere else to turn. The legislation we are considering today will help support and improve these critical efforts.

In addition to reauthorizing the important work of the two largest institutes—the National Cancer Institute and the National Heart, Lung, and Blood Institute—this bill attempts to strengthen the ability of the NIH to re-

spond to emerging issues in the biomedical research arena and in the larger health care environment in which it operates.

Certainly, one of the biggest future frontiers is that of the human genetic code. Among the recent discoveries is the BRCA-1 gene, a genetic marker for a form of breast cancer. In recognition of the significance of this area of inquiry, the bill authorizes the creation of the National Human Genome Research Institute. The elevation of the National Center for Genome Research to institute status will serve to better focus NIH resources for this important work.

The bill also recognizes a need to invest in the education and training of the next generation of clinical researchers—those biomedical scientists who perform research that directly involves patients. It provides for greater support for expert training of young biomedical scientists who have elected the difficult, and frequently less well-compensated, careers in scientific inquiry.

In addition, the bill makes substantial efforts to reduce excess and often duplicative infrastructure that has grown up over time in the NIH. It streamlines operations through steps such as eliminating redundant committees and reports. Every dollar saved from unnecessary administrative burdens is another dollar freed up for support of biomedical research.

By the very nature of ever-expanding new knowledge, it seems there is no end to the pressure on the limited resources for biomedical research support. Accordingly, the bill establishes a framework under which additional sources of funding could be tapped by creating a biomedical research trust fund within the Treasury. This trust fund is a small, but important, first step.

Academic health centers in the 21st century will be posed with an unprecedented challenge: how to maintain their research mission in the face of a fundamentally changed health care system. These changes are the consequence of dramatic market shifts that are taking place in health care in this country. Cost-competition has made it particularly difficult for the continuation of many of these important institutions that frequently care for the sickest as well as the poorest citizens of our communities.

Although additional action may be required as ongoing studies offer a better understanding of the ramifications of these changes, this bill offers support for the 75 general clinical research centers that exist in academic medical centers throughout the country.

Finally, this measure includes a significant initiative in the area of Parkinson's disease research. Based on separate legislation with broad bipartisan support in both the Senate and House, this initiative is designed to expand and improve Parkinson's research efforts. It establishes up to 20 Morris K.

Udall Centers for Research on Parkinson's disease and provides for awards to neuroscientists and clinicians to support innovative research.

This legislation offers hope to individuals with Parkinson's and their families, who have worked long and hard to assure that greater attention and emphasis is placed on pursuing promising research leads.

In fact, Mr. President, reauthorization of the important work of the National Institutes of Health offers hope to us all. Moreover, it reaffirms our commitment to approach the future frontiers of science with the same enthusiasm and dedication which has characterized our past. I urge my colleagues to support the adoption of the National Institutes of Health Revitalization Act of 1996.

Mr. GREGG. Mr. President, I am pleased to see that the Senate will pass a bill today, S. 1879, that reauthorizes funding for the National Institutes of Health [NIH]. The NIH is one of the few Federal Government agencies that truly receives bipartisan support as it works to respond to the challenges posed by the medical mysteries of our times. I share the overwhelming support for the work generally being done at, and funded by, the NIH with my constituents in New Hampshire who have contacted me about this legislation.

The NIH is composed of 24 separate Institutes that conduct basic biomedical research; our investment in the NIH represents over one-third of the total nondefense research and development funding in the Federal Government. Institutes like the National Center for Human Genome Research, which has recently received a tremendous amount of attention for its undertaking of mapping and sequencing human genes to find the genetic bases for disease, continue to change the way we look at science.

I think that we have to be aware, however, that each time the science improves, a number of the factors come into play: How to update the standard of ethics; how to manage the flow of information; how to ensure that coordination is being optimized between Centers and Institutes internally at the NIH; how to encourage public/private partnership in the funding of these developments; and how to best prioritize the Federal funding in relation to the pursuit of such critical medical discoveries. Mr. President, I am not certain that, in our role as the overseers of this important Federal agency, we have been as attentive as we need to be to these issues in the reauthorization process; and that is why I am especially pleased that the decision was made to make this a 1-year reauthorization. I believe we need to revisit a number of important items on the NIH agenda next session, and I look forward to being involved in those efforts.

For example, the last NIH reauthorization included authority for a foundation which NIH can use to raise

funds. Its purposes was to increase coordination with universities and the private sector and make it possible to solicit funds for special projects. I remain uncertain that the foundation is being utilized. It is time to recognize that Federal dollars must function as a means to an end—the appropriations we are able to provide to the NIH will never be enough. But before we begin to craft new schemes to raise additional funds for the NIH, we need to be sure that the mechanisms we have already put in place are functioning as intended. Therefore, I believe the NIH must use their authority to appropriately levy additional funds, to maximize their available resources. In this way, a dedicated effort can be made to increase the awareness of, involvement in, and contributions to our premiere biomedical research facility, rather than continue to rely on the limited taxpayer funds were able to appropriate to the Institutes.

In other areas, the NIH receives very high marks. Their support of both intramural clinical research and extramural research funded through grants and is conducted outside NIH, at such premiere facilities as Dartmouth College and the University of New Hampshire, demonstrates their understanding of the need to utilize every resource we have in fighting the diseases which face Americans. I applaud the NIH's efforts to ensure that funding is provided to scientists conducting research beyond the NIH campus. Too often we see Federal agencies adopt the attitude that they have a lock on the science they practice; I believe our Government science administrators need to adopt the attitude of openness and the spirit of cooperation demonstrated at NIH toward their colleagues in academia and the private sector.

I am pleased to note that we have included a provision that has long been championed by Senator HATFIELD, who has demonstrated a devoted dedication to supporting the research and vision of the NIH. It is a program designed to ensure that young people are encouraged to enter the field of basic clinical research by providing needed financial assistance. It is the students of science who represent our hope for the future, and I am hopeful that this program will provide them the necessary support to take on a career in this critical field.

So I am pleased to offer my support for this legislation today, realizing that several outstanding issues remain before us in relation to this reauthorization. I am hopeful, Mr. President, that when we return in 1997, we will turn to this legislation early in the opening days of the 105th Congress, and make a bipartisan effort to further improve this agency that offers so much to so many.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, two mornings ago I spoke with a friend of

mine in North Dakota named Olaf. He is 85 years old. He was to have open heart surgery that morning to repair a leaky heart valve.

I mention this because I want to talk just for a moment today about the reauthorization of the National Institutes of Health, which the Senate has just unanimously approved, and I was thinking about Olaf. When he underwent open heart surgery not too many hours ago at age 85, I thought it was kind of an unusual thing, to have open heart surgery at age 85. I asked some doctors about it, and they said this is not so unusual anymore.

This reminds me of the breathtaking advances that we have seen in medicine in recent years, many of which come as a result of the dedicated research of the National Institutes of Health and researchers from all around the country and the world who work on NIH-supported projects.

There is a wonderful exhibit at the National Institutes of Health that I encourage all those who visit Washington, DC, to go see. It is an exhibit called, "The Healing Garden." The healing garden is a little garden exhibit showing the plants that researchers are now discovering have remarkable uses in modern medicine.

A lot of people think of medicine these days as doing some research to find some chemicals and compounds, putting these chemicals together in a pill, and giving somebody this pill that represents some sort of chemical response to an illness or disease. However, much of what we now are understanding about today's medicine begins with trees and shrubs and plants.

I just want to talk for a moment about what the healing garden at the National Institutes of Health demonstrates. The reason I want to do that is because we talk so often about what is wrong in Government, or what this agency does that is inappropriate, or what these bureaucrats do that is somehow improper. Today, I want everyone to know that there are wonderful researchers down at the National Institutes of Health doing extraordinary work in the field of medicine.

For instance, researchers at the National Institutes of Health, working with the Department of Agriculture, have collected more than 60,000 plant samples from all over the world, and preserved and stored them at National Institutes of Health facilities in Frederick, MD. These samples are then distributed to researchers for testing. Let me describe some of the testing.

Researchers have found that a tree that is commonly found in China, and often known there by the name of "The Tree of Joy" or "The Tree of Love," is a source of a promising compound called CPT that works to kill cancer cells. Various derivatives of this compound from the Tree of Love in China are being tested in clinical trials right now at the National Institutes of Health, involving patients with lung cancer, ovarian cancer, breast cancer,



colon cancer, and leukemia. In the future, when these tests are complete, we may very well call the "Tree of Joy" the "Tree of Life" for cancer patients.

A researcher from Brigham Young University has consulted with traditional healers in Samoa, and other regions of Polynesia, about the local uses of medicinal plants. During the testing of these plants from Polynesia here at the National Cancer Institute of the National Institutes of Health, researchers have found that an extract of wood, which the healers were using to treat Yellow Fever, has showed significant promise in fighting the AIDS virus. This potential anti-AIDS drug is now in preclinical development at the National Cancer Institute at the NIH.

A plant found in Australia known as the Salt Bush has shown significant promise in combating AIDS as well. A compound from the Salt Bush from Australia is now also being studied in preclinical development.

A NIH researcher recently discovered that an alkaloid from the skin of an Ecuadorian poison frog may be a potent pain killer, 200 times more powerful than morphine, and potentially nonaddictive as well.

I could go on and on, but finally, the last example I'll share today: There is another poison from a frog that they have tested at the NIH that is so incredibly powerful that the slightest contact with it by a human being will stop the heart instantly. Researchers wondered then if this incredibly powerful poison that can stop the human heart instantly might also have wonderful powers that could be harnessed positively, and they are now researching that.

If you go to the National Institutes of Health and ask them to tell you about the healing garden, they will show you the exhibit that demonstrates that much of what we have now discovered about medicine involves the use of items living naturally all around us—plants, shrubs, trees—in ways that some might have known to use them long ago and that we are now learning how to use again to provide powerful treatment opportunities for those in our world who are sick.

The reason, again, I wanted to mention this wonderful work being done at NIH is my friend Olaf, who, as I said when I started, had open heart surgery recently at age 85. Incidentally, Olaf had the ventilator tubes removed 2 hours after the surgery and had all of the other tubes removed by suppertime that evening, and at age 85, he is doing wonderfully, I am told. He is a part of a health care system that really does provide close to miracles for many, with divine help, I might add. But these miracles come with a great deal of help from researchers at the National Institutes of Health.

When I was at the National Institutes of Health, I also talked to the researchers in cardiology. The research they are doing in the area of heart disease is quite remarkable. What they are doing

in the areas of cancer treatment is extraordinary. What they are doing in the search for AIDS treatments is really quite amazing. Arthritis, diabetes, the list goes on.

I assume there are some who would call using Government money to pay for the scientists and the researchers and the doctors, for the clinical trials and for all of the basic and applied research that goes on at the National Institutes of Health, spending. I think rather than call it "spending" we ought to call it "investment." The NIH is one of the most remarkably productive investments our country has made.

At the turn of this century, if you were an American, you were expected to live to perhaps age 47. The century is about to turn again, and 100 years later, you can likely expect to live to nearly age 77, a 30-year increase in your lifespan in this century.

There are a lot of reasons for that: people are healthier, they take better care of themselves, know more about nutrition. There are many reasons for this significant increase in life expectancy but included among those reasons are the breathtaking advances in health care.

At the root of those breathtaking advances in medical care is an investment in something called the National Institutes of Health which seldom gets the due it deserves here in this Congress. I just wanted to stand up and say a kind word about some awfully dedicated public servants all across this country; the doctors and nurses in the private sector and so many others who participate in these clinical trials, but especially about the folks here and around the country working for the NIH who spend their days looking at an abstract plant garnered from a region in China that might be called the "Tree of Life," discovering that this tree might contain the secret to curing a cancer. Or researching a bush called the "Salt Bush" from Australia that might have promise to cure AIDS.

Someone might say in a magazine article some day, "You know, we pay people to sit around and investigate 'Salt Bushes.' Can you imagine anything more wasteful than that? We are paying people to sit around and cut up trees and ruminate about whether an obscure tree from China might be helpful to somebody, can you imagine anything more wasteful than that?"

I say, this is not wasteful at all. This is a wonderful, remarkable investment, and I am pleased that the Congress will, once again, reauthorize the National Institutes of Health for three more years. My only wish is that it were a longer reauthorization.

Let me also say, I would be willing to support a modest increase in the Federal tax on cigarettes, for example, if the money raised from that tax were to go exclusively to boost the funding for more research at the National Institutes of Health and for more investment in saving people's lives in this country.

Mr. President, thank you for the opportunity to speak, and I yield the floor.

Mr. HATCH. Mr. President, nurturing our biomedical research infrastructure is one of the most important roles Government can serve, and that is why S. 1897 is a significant piece of legislation.

I rise to express my support for the bill, and, in particular, to thank the chairman, Senator KASSEBAUM, for her cooperation in addressing the concerns that Senator FAIRCLOTH, Senator HARKIN, and I have expressed about the need to bolster the National Institutes of Health's research efforts on pain management.

Pain is a condition that each of us experiences during our lifetime, with millions suffering—perhaps needlessly.

After serious study of this issue, I have concluded there is insufficient knowledge about the causes and treatments of pain, despite its substantial impact on virtually every American. Inadequate resources are dedicated to the development and evaluation of pain treatment modalities, and there is an inadequate transfer of what knowledge and information we have to health care professionals.

It may surprise many of my colleagues to know that despite the impact of pain on our society, according to estimates NIH supplied to my office, the agency spent less than \$60 million of its \$11 billion appropriation on pain research last year, a number which, in fact, at best equal to the previous year's level of \$59.5 million. For acute back pain, a condition which is estimated to affect 85 percent of the population at one time or another, NIH reports it currently spends only \$2.5 million on research. An additional problem is that pain research is spread across many of the Institutes, yet there is little coordination of these research activities to make certain the resources are used effectively.

In fact, a December 1995 Workshop on Selected Chronic Pain Conditions: Clinical Spectrum, Frequency and Costs, held by the National Institutes of Health concluded:

With respect to strategies for promoting research on chronic pain, the participants noted that the NIH components separately support pain research, but no organizational unit integrates or coordinates this research.

They strongly urged that the NIH establish a formal NIH Office of Pain Research, which would enable the NIH components to argue for pain research as a priority.

As an aside, I note that this workshop was not initiated at NIH's own behest, but rather, was held to comply with the 1993 NIH reauthorization law.

Indeed, there is a recent history of congressional support for enhancing the NIH's efforts on pain research. In the report accompany the fiscal year 1997 appropriations for the NIH, Senator SPECTER was very helpful by including the following language:

The Committee is pleased that pain research is becoming an increasing part of the

NIH research agenda, and remains interested in the level of its overall growth and the need for better coordination. Pain is a major public health problem afflicting or disabling nearly 50 million Americans. The Committee encourages the NIH to quickly advance interdisciplinary coordination and support of the complex issues involved in pain research, including collaboration with chiropractic colleges and schools of nursing. The Committee is aware of the 1995 NIH-sponsored workshop on pain research, and requests the Director be prepared to report on the implementation of the workshop's recommendations during the fiscal year 1998 budget hearing.

Earlier this year, Senators HARKIN, FAIRCLOTH, BENNETT, INOUE, THURMOND, PRESSLER and I introduced S. 1955, to establish a pain center at NIH. That legislation forms the basis of the provision included in S. 1897. The provision that is included in S. 1897 today, however, differs from our original bill in that it requires NIH to establish a pain research consortium. The consortium, which will be comprised of experts in pain management from both the public and private sectors, will perform the advocacy and coordinating functions outlined in our original bill.

Specifically, the pain research consortium will: provide a structure for coordinating pain research activities; facilitate communications among Federal and State governmental agencies and private sector organizations concerned with pain; share information concerning pain-related research; encourage the recruitment and retention of individuals desiring to conduct pain research; avoid unnecessary duplication of pain research efforts; and achieve a more efficient use of Federal and private sector research funds.

The consortium will be composed of representatives from the NIH Institutes, and practitioners of pain management, including representatives from each of the following professions: physicians who practice pain management, psychologists, physical medicine and rehabilitation service representatives—including physical therapists and occupational therapists, nurses, dentists, and chiropractors. Finally, of course, patient advocacy organization representatives will be an integral part of the consortium.

Mr. President, the Congress needs to go on record in support of a stronger pain effort at the NIH. Today, we accomplish that goal. I urge adoption of the bill, which now includes the Faircloth/Hatch amendment to establish a pain research consortium. I yield to my friend from North Carolina, Senator FAIRCLOTH.

Mr. FAIRCLOTH. I thank the distinguished Senator from Utah for yielding. I commend Senator HATCH and Senator HARKIN for their success in advancing the issue of pain research. I am absolutely convinced of the merits of S. 1955, and I am committed to moving ahead with the idea of establishing a formal entity at NIH to coordinate the current research effort and give greater priority within the overall NIH budget for research on back pain, cancer-relat-

ed pain and the other focus areas addressed in S. 1955.

I also thank Senator KASSEBAUM for working with us to take an important step toward reaching our goal of increased emphasis on pain research. During the mark-up of S. 1897, Senator KASSEBAUM pledged to work with me to develop a provision relating to pain research. I appreciate her efforts and those of her staff in accommodating our concerns.

With regard to the consortium, I would like to clarify a point raised by Senator HATCH. It is our intention that the consortium established pursuant to S. 1897 shall include an equal number of representatives from each group of pain management practitioners defined under subparagraph (c)(4) of the section relating to the pain research consortium.

Finally, it is my sincere hope and intention that during the 105th Congress we will work again in a bipartisan manner toward establishing a more permanent entity at NIH for pain research.

Ms. MIKULSKI. Mr. President, I rise in strong support of the National Institutes of Health Revitalization Act. I support this bill for three reasons. It puts new emphasis on research into Parkinson's disease, a terribly debilitating and costly disease. It provides new incentives for physicians to do clinical research. It streamlines the NIH and makes it easier for NIH to do its job.

I want to thank Senator KASSEBAUM and her staff for their hard work on this bill. NIH is a national treasure. I'm proud that it's located in Maryland. I'm proud of its dedicated employees. Let's give them the tools they need to perform their jobs effectively and efficiently. Let's give hope to the American people that cures to dreaded diseases and conditions are on the horizon.

This bill honors our dear colleague, former Congressman Morris K. Udall. Mo was forced to retire from the House because of the disabling effects of Parkinson's disease. It includes language that has wide bipartisan support in both Chambers. The bill establishes up to 10 Morris K. Udall Centers for Research on Parkinson's Disease. It also provides awards to outstanding scientists and clinicians who bring innovative ideas to bear on Parkinson's research.

Great advances in brain research in the last few years create the potential for major treatments of this disease, possibly in this decade—the decade of the brain. Expanded focus on Parkinson's disease will bring hope to the 50,000 Americans diagnosed with this debilitating illness each year. And it will cut down on the estimated \$25 billion a year in health-related costs and lost productivity due to Parkinson's.

The number of physician's entering careers in research is dwindling. This trend concerns me. Physicians who practice in academic medical centers

face more pressure to bring in clinical revenue. They have less time to conduct research. I don't like the discouraging picture this paints for young investigators. Fewer and fewer physicians enter careers in biomedical research. They simply can't afford it. And as a nation, we can't afford it. We must provide incentives to our young people to enter careers in biomedical research.

Clinical research leads to interventions and cures for diseases. It improves the quality of life for many people. Obstacles to clinical research slow progress in medicine. Patients are kept waiting longer for the cure to their disease or condition. This bill helps turn this around.

Seventy-five General Clinical Research Centers [GCRC's] are authorized by this bill. I'm proud that three of these are located at Johns Hopkins. The bill increases investment and incentives for the education and training of the next generation of clinical researchers. It establishes new awards programs for clinical investigators and also recognizes the importance of basic medical research. It helps both basic and clinical investigators pay for their training by raising the loan repayment level.

The NIH has enjoyed significant support over the last few decades. But we all know that the days of unlimited Federal funding are gone. This bill recognizes that resources are dwindling. It reduces administrative excess. It repeals duplicative advisory boards and committees. Instead, it frees up money from these unnecessary endeavors for important research.

Finally, this bill reauthorizes institutes carrying out important work in so many areas that affect our lives—cancer, heart, and aging research to name just a few. Let's not miss this important opportunity to pass this bill today. I urge my colleagues to vote for it.

Mr. LOTT. I ask unanimous consent that the amendment be agreed to, the bill be deemed read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be placed at this point in the RECORD.

The PRESIDING OFFICER. Is there objection?

Mr. DORGAN. Reserving the right to object, and I shall not object, is this the reauthorization of the NIH?

Mr. LOTT. This is the reauthorization of the National Institutes of Health.

The PRESIDING OFFICER. Is there objection to the majority leader's request? The Chair hears none, and it is so ordered.

The amendment (No. 5404) was agreed to.

The bill (S. 1897), as amended, was deemed read for a third time and passed, as follows:

[The bill was not available for printing. It will appear in a future issue of the RECORD.]

Mr. LOTT. I do wish to thank all Senators who have been involved in making this agreement possible—Senator KASSEBAUM, Senator HATCH. There has been cooperation on the Democratic side of the aisle. We appreciate it. It is the right thing to do. I am glad it has been accomplished.

I thank the Senator for yielding.

#### CENSUS INCOME AND POVERTY REPORT

Mr. CONRAD. Mr. President, today the Census Bureau has released a report on income and poverty in America in 1995. Here are some of the findings from that report.

Typical household income in America showed the largest increase in a decade: Household income up about \$900 in 1995. It is the largest 1-year increase since 1986; typical family income since the President's economic plan has passed is up \$1,631 in this country.

Mr. President, the report also indicated and demonstrated that we have had the largest decline in income inequality in 27 years. In 1995, household income inequality fell, as each income group, from the most well-off to the poorest, experienced an increase in their income for the second straight year. One measure of inequality, the Gini coefficient, dropped more in 1995 than in any year since 1968.

The number of people in poverty fell by 1.6 million—the largest drop in 27 years.

Mr. President, that is remarkably good news for the American economy. It is remarkably good news for American families. It is remarkably good news about what has happened since the President's economic plan passed in 1993.

The good news does not stop there. The poverty rate fell to 13.8 percent, the biggest drop in over a decade. The elderly poverty rate dropped to 10.5, the lowest level ever.

In 1966, 28.5 percent of America's elderly citizens lived in poverty. In 1995, the elderly poverty rate declined from 11.7 percent to 10.5. That is a new record low for the elderly poverty rate in America.

In addition, we saw the biggest drop in child poverty in 20 years. In 1995, the child poverty rate declined from 21.8 percent to 20.8 percent, a full 1 percentage point reduction, representing the largest 1-year drop since 1976.

These statistics, I think, again demonstrate that President Clinton's economic plan that passed in 1993 is working. Clearly, we are moving in the right direction. Not only do these statistics reveal substantial income gains, reduction in income inequality in this country, a reduction in the poverty rates across the board in America, but we know from other statistics as well that the indications and the evidence are now very clear that President Clinton's economic plan, which was passed here in 1993, has been remarkably successful.

We have 4 years in a row of deficit reduction. All we have to do is think back to 1992. The deficit was \$290 billion. President Clinton came into office and every year since then the deficit has been reduced. This year we anticipate the deficit will be \$116 billion, a 60-percent reduction.

The good news does not end there. Because in part the deficit reduction program was so successful, we have seen a resurgence in this economy. Not only do these statistics indicate it, but we know from previous indications the American economy is moving in the right direction. Looking at the misery index, that is the measure of unemployment and inflation, it is at a 28-year low. If we look at the rate of business investment, business investment is increasing at a rate that is the best in 30 years.

Again, I would say the good news does not stop there. This economy has created over 10 million new jobs since we passed the President's plan. The United States has now been rated the most competitive economy in the world for 2 years in a row, replacing Japan.

The evidence is overwhelming that the economic plan we passed in 1993 was the right medicine for the American economy. We can remember at that time the deficit was growing, the economy was dead in the water, virtually no new jobs were being produced, we had very weak levels of economic growth. But then, in 1993, President Clinton came with an economic plan that passed in this Chamber by a single vote, one vote. Our friends on the other side of the aisle said that plan would crater the economy. They said it would increase unemployment. They said it would increase the deficit. And they were wrong. They were dead wrong.

That economic plan has reduced the deficit every single year for 4 years in a row. It has reduced unemployment. We have the lowest unemployment in 7 years. It increased economic growth. And now, further evidence from the Census Bureau report, household income is up. It is the best increase in a decade. Poverty is down. We have a decline in income inequality that is the largest in 27 years. The number of people in poverty showed the biggest drop in 27 years. The poverty rate fell to 13.8 percent, the biggest drop in over a decade. The elderly poverty rate fell to the lowest level ever. Mr. President, more evidence, strong evidence the Clinton economic plan is working and that America is moving back on track.

I think everybody who participated in that plan can take special pride in the report that was released today, that indicates that we have finally got this economy moving in the right direction.

I yield the floor.

Mr. LEAHY addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont.

#### THINGS TO BE PROUD OF

Mr. LEAHY. Mr. President, I hope Senators have listened to what the two Senators from North Dakota have said here, my two friends from North Dakota, first Senator CONRAD speaking about where the economy is today, defying all the predictions of doom and gloom that we heard when the President proposed his first budget plan.

I have served here now for over 20 years, but I remember during the eighties and into the early nineties, the deficits just kept blooming and blooming. We heard a lot of rhetoric about bringing deficits down, but every year the deficits were considerably higher, the national debt quadrupled.

President Clinton is the first President I served with, the first President of either party I served with in 22 years that actually brought the deficit down 3 years in a row. It is easy to talk about being in favor of a balanced budget and bringing down deficits. It is hard to do it.

The Senators from North Dakota are those who fought hard to bring about the tough questions of bringing down the deficit, but they can also take great pride in what was done for the American family. We have the typical family income up \$1,631—that is adjusted for inflation—since the President's plan passed; household income up. The number of people in poverty is way down.

These are things of which to be proud.

I will say, in reference to what Senator DORGAN has said, he speaks of some of the wondrous things we do in our Government. It is so easy for people to go home and denigrate our Government as though they are not good men and women who work in it. Think of some of the remarkable—remarkable—advances in our ability to live and our health care, as the Senator from North Dakota referred to. These did not come out of the private sector. These did not come out of thin air. These came out of dedicated men and women working and working and working, sometimes going down a dead-end alley. I can imagine the number of dead-end alleys that Dr. Salk went down before developing the polio vaccine, or the number of dead alleys gone down before we found some of the advances in curing cancer, and on and on.

Last Christmastime, when part of this Government closed down, we had people who went on television and said, "Well, who misses the Government? Who needs the Government?" My phones were ringing off the hook from people who said, "Why are you closing down the Government? I have a student loan that we are trying to process so that my child can go to college, the first one in our family to go to college, but that office is closed down."

Someone who had a necessity to travel abroad because of a death in the family: "I can't get a passport because that office is closed down."

And the humiliation of good men and women in my State and every body